

Fact Sheet:

Community Protection Program

Background

The Community Protection program provides 24-hour-supervision of people with developmental disabilities who have: 1) committed serious crimes and served their prison time; 2) committed crimes but are determined to be incapable of participating in trials. Their disabilities include mental retardation, autism, epilepsy, cerebral palsy and Down syndrome. There are about 380 people in the Community Protection program. They live in communities throughout Washington.

In 1996 the state legislature began providing funding to the DSHS Division of Developmental Disabilities (DDD) to establish a program where offenders with developmental disabilities could be supervised 24 hours a day, and where their behavior and treatment could be carefully monitored. Until 1996, many offenders in this group lived in our communities without any special supervision, and often without any treatment that would help prevent re-offenses.

Washington's Community Protection Program is highly regarded nationally, and was the first to be approved by the federal government to receive Medicaid waiver funding. The Department of Social and Health Services continues to make improvements to the Community Protection Program to provide better treatment and education, anticipate problems and structure living arrangements to minimize crises.

Key program features:

- Around-the-clock supervision has kept the community safer
- There never have been any arrests or convictions for crimes against neighbors by people in Community Protection
- The program is voluntary; members are free to live wherever they choose if they leave it

The program offers:

- Trained employees of private DSHS certified companies who come to the participants' homes and supervise them there and also when they leave for work, school, social events and other events.
- Therapy
- Assistance in learning daily living skills such as cooking, banking and working
- Criteria which determines where clients can rent their homes. For example, participants with sexually inappropriate behaviors normally cannot live near schools, day care centers or playgrounds.
- Alarms on doors and windows to alert support people living with them of attempts to leave

How are clients of the Division of Developmental Disabilities identified as candidates for the Community Protection Program?

Typically Division clients are first identified as candidates for Community Protection by their case managers. Families may call for help to find an appropriate residential placement or a client may be preparing for discharge from prison or a psychiatric hospital. Once the case manager determines a client may pose a risk to others DDD begins the process for assessment and referral to the Community Protection Program. The process includes a case review by the regional community protection committee. If the committee determines there is justification for an independent assessment, approval for a psycho-sexual or psycho-social evaluation is obtained from the client and/or guardian. Depending on the outcome of the risk assessment and the availability of funds, the client may be offered Community Protection Intensive Supported Living services.

All clients must sign a DSHS pre-placement agreement prior to being served in the community protection program. It is a voluntary program and any participant can sign a refusal of services form and leave at any time.

What are the criteria for eligibility for the Community Protection Program?

An individual must meet one of the following criteria to be eligible for Community Protection Program Services:

- The person has been convicted of or charged with a crime of sexual violence as defined in RCW and constitutes a current risk to others as determined by a qualified professional.
- The person has been convicted or charged with sexual acts directed towards strangers or persons of casual acquaintance with whom no substantial personal relationship exists, and constitutes a current risk to others as determined by a qualified professional.
- The person has not been convicted and/or charged with a crime, but has a history of stalking, sexually violent, predatory, and/or opportunistic behavior, which demonstrates a likelihood to commit a sexually violent and/or predatory act based on current behaviors, and constitutes a current risk to others as determined by a qualified professional.
- The person has committed one or more violent offenses, such as murder, attempted murder, arson, first degree assault, kidnapping, or use of a weapon to commit a crime (RCW 9.94A.030(45)).

What does "Constitutes a Risk" mean?

Constitutes a risk to others means a determination of a person's risk to re-offend and/or dangerousness based upon a thorough assessment by a qualified professional (i.e., licensed psychologist or psychiatrist, certified sex offender treatment provider.)

What is the role of the Treatment Team in Community Protection?

The Treatment Team includes the program participant and the group of people responsible for the development, implementation, and monitoring of the person's individualized supports and services. The group includes case managers, therapists, residential and employment providers, and the person's family or guardian. Treatment teams meet at least once every 90 days to staff cases and review treatment guidelines. They also work with representatives of other state agencies and the police.

DSHS does not believe it should provide less than recommended levels of support advised by the certified therapist and treatment team to people with behaviors that are dangerous to others. If the client or guardian objects to that level of support they may refuse to participate in the program. People determined to be at risk who refuse the recommended 24hr Community Protection program will have only Medicaid Personal Care services available provided they qualify by income and functional need.

New crisis plan

A significant change in the program is the creation of detailed crisis plans for clients with particularly challenging behaviors. The crisis plan includes everyone involved in the person's care plus other community agencies that could be involved in a crisis. The plan requires collaboration and coordination with family, treatment programs for sexual offenders, local mental health providers, state hospitals, the DSHS Juvenile Rehabilitation Administration, Department of Corrections and local police.

Site approval

To increase community safety, the contracted agencies which provide daily residential and supervisory services to Community Protection clients must obtain site approval from the DSHS Division of Developmental Disabilities (DDD) prior to serving a CPP client.

Approval for a residence comes after the provider and a designated DDD representative have inspected the proposed property and its immediate neighborhood at different times and days of the week. The goal is to ensure the proposed residence is not close to areas where children gather, such as parks, schools or child care facilities. For registered sex offenders being released from DOC facilities, the community corrections officer must also approve the residence.

Increasing quality of training

DDD has invested resources to increase the quality of training for staff working in these specialized programs. New training material includes a video and manual that provide consistent training for all residential, day program and case managers.

Certification requirements

All Community Protection agencies go through a certification process at least every two years that reviews the quality of services the agency provides to these clients. Since early 2004, inspections are made by a different division of DSHS.

Certification requirements include:

- Unannounced inspections
- Private interviews with Community Protection clients to determine if they have complaints about the people who support them
- Re-inspections after a citation for problems, to ensure problems are resolved properly
- Shorter certification periods, provisional certification, or revoking the certification if a contracted agency has a serious citation
- Use of an electronic incident reporting system so that assaults, injuries, illnesses and other serious events are reported to supervisors quickly. DDD staff also receive specialized training to ensure incidents are reported quickly

Quality assurance and mortality reviews

Each of DDD's six regions has quality assurance supervisors who regularly review critical incidents and DDD headquarters reviews all incidents on a monthly basis.

Since late 2003 the deaths of every DDD client who lives in DDD funded residential placements has undergone a four-part review, including reports from the appropriate case manager, residential provider and quality assurance staff. Those reports are reviewed by the Central Office Mortality Review Committee consisting of experts including a nurse and clinical practices specialist.